

SWAFFHAM URBAN DISTRICT COUNCIL

ANNUAL REPORT

- of the -

MEDICAL OFFICER OF HEALTH

together with the

R E P O R T

of the

PUBLIC HEALTH INSPECTOR

1 9 6 1

S T A F F

Medical Officer of Health: A.S. Dunn, L.R.C.P., L.R.C.S.,
L.R.F.P.S., D.C.H., D.P.H.

Public Health Inspector: John Miles, M.Inst.H.E., C.R.S.I.

COMMITTEES concerned with matters of PUBLIC HEALTH

Finance and General Purposes Committee.

Housing Committee.

Housing Investigation Committee.

Roads and Sanitary Committee.

Water Supplies and Sewerage Committee.

GENERAL STATISTICS

Area in Acres	7,592
Population (estimated at mid-	
year by Registrar General)	3,170
Number of Inhabited Houses	1,159
Rateable Value	£38,407.
Product of ld. Rate ..	£145.

DeathsCauses of Death as Registered in 1961
(continued)

	Male	Female
10. Malignant neoplasm, stomach	1	1
11. Malignant neoplasm, lung and bronchus	2	0
12. Malignant neoplasm, breast	0	0
13. Malignant neoplasm, uterus	0	0
14. Other Malignant disease	0	5
15. Leukaemia, aleukaemia	0	0

16. Diabetes mellitus	1	0

17. Vascular lesions of nervous system	3	5
18. Coronary disease, angina	3	1
19. Hypertension with heart disease	0	0
20. Other heart disease	1	5
21. Other circulatory disease	2	0

22. Influenza	0	0
23. Pneumonia	0	1
24. Bronchitis	3	2
25. Other diseases of respiratory system	0	0

26. Ulcer of stomach and duodenum	0	0
27. Gastritis, enteritis and diarrhoea	0	0
28. Nephritis and nephrosis	0	0
29. Hyperplasia of prostate	0	0
30. Pregnancy	0	0
31. Congenital malformations	0	0
32. Other diseases	0	1
33. Motor vehicle accidents	1	0
34. All other accidents	0	0
35. Suicide	0	0
36. Homicide	0	0

MALE DEATHS: 17

FEMALE DEATHS: 21

Age at Death

	-1	1+	5+	10+	20+	30+	40+	50+	60+	70+	80+	90+
Male	0	0	0	0	1	0	0	1	5	4	6	0
Female	0	0	0	0	0	0	0	0	4	4	9	2
Total	0	0	0	0	1	0	0	1	9	8	15	2

The discrepancy arises as the Causes of Death table issued from the Registrar General's office are not accompanied by an age breakdown of those figures: the age at death table is compiled from local registrations, taking cognizance of such transfer of deaths known to the local Registrar.

The usual pattern of death in Western society is demonstrable here: death is rare in youth and uncommon in middle age. Most can expect about seventy years, the womenfolk tending to have a rather longer life than the men. Major causes of death are those associated with the ageing process, the heart and blood vessels giving out after decades of constant use. Such are inevitable but in recent years, younger people have been dying of heart disease at an increasing rate. This experience is shared by all Western European and the North American countries. Men are by far more often the victims than are women. The mechanics of their end is that the coronary arteries which supply the heart muscle itself with nourishment become blocked. Why this happens is still obscure. Studies of the incidence of the disease show it to hit most often men in sedentary occupations, where there may not be any physical work involved but much nervous strain. A smoker is at greater risk than the non-smoker. Some evidence suggests the latter run only half as much chance of developing the disease.

Next to vascular disease in importance is the cancer group. Stated simply, cancer is the state resultant from cells in any organ deviating from blueprint when producing their own replacements. More primitive cells with no useful function are formed; these multiply faster than normal cells and invade surrounding healthy tissue. Swept away in the blood streams, a few such cells rapidly form secondary growths in other organs. Cure of cancer depends on early diagnosis and also on the degree of invasiveness shown by the aberrant cells. Prevention in the absence of knowledge of the ultimate fault, i.e. the reason for normal cell reproduction deviating, from plan, rests on observing what conditions seem to increase the likelihood of a cancer developing and trying to remove these. Let me take lung cancer, now the commonest cancer, as an example.

Doctors noticed that lung cancer patients were often heavy smokers. The increase in deaths from lung cancer over the past forty years has been dramatic: so also has cigarette consumption gone up.

Lung Cancer Deaths			Cigarettes (as millions/lbs/tobacco)
592	- 1920 -		80.3
1,654	- 1930 -		107.0
5,303	- 1940 -		161.1
13,598	- 1950 -		181.7
25,288	- 1961 -		243.1

Lung cancer is rare in the non-smoker, and steadily increases in incidence among smokers, the more cigarettes smoked, the greater is the toll. Long term studies show conclusively that future risk can be sharply cut, if the smoker gives up the habit, no matter how long or how much he has indulged. Pipe smoking of equivalent tobacco quantities is much less dangerous. There is therefore a reasonable body of evidence that there is a causal relationship between smoking and lung cancer. Whether to act on the evidence is a matter for the individual.

The low death rate from infectious disease taken for granted in Britain today is in terms of history, a recent development. In early Victorian England, four deaths in ten were of children less than five years old. In industrial areas, infant mortality rates of 150 per 1,000 were not unusual. Most working men could expect to lose at least one child. The overwhelming majority of such deaths were due to infectious diseases aided by poverty and malnutrition. In underdeveloped countries today, they still account for half the death roll.

Tuberculosis

No deaths locally from this cause in 1961. There were 3,435 deaths in the country in 1960. Eradication of tuberculosis from Great Britain is now possible within twenty years. Pulmonary tuberculosis would then go the way of bone tuberculosis, now a rarity yet twenty years ago it filled long stay hospitals. Pasteurisation, and tuberculin testing of milk herds take the credit for a great saving of lives and prevention of crippling deformities.

Measures of control now practised are :-

- (a) registration of cases
- (b) examination of their close contacts
- (c) specialist treatment at chest clinics
- (d) examination of youngsters leaving the school community for the adult world
- (e) search for early cases among the apparently healthy general population (Mass X-Ray Survey)

to this should be added

- (f) X-Ray examination of immigrants.

Recent surveys suggest that Indian/Pakistani immigrants may have an incidence of pulmonary tuberculosis of 25 per 1,000. On this basis, we imported about 1,000 actual cases in 1961 from the Indian sub-continent. West Indian immigrants have a rate similar to our own and therefore give no cause for concern. Pressure from the British Medical Association has not moved the Government to act. We now have the odd situation where the Ministry of Health seems to find it worth while X-raying our general population to discover less than one case in a thousand volunteers, yet resists a vastly more productive survey of immigrants.

B.C.G. Vaccination is offered to school leavers. Like other immunisation procedures, it falls within that part of personal health services afforded by the County Council's Health Committee, Thetford Borough, Swaffham U.D. and R.D.C. and Nayland R.D., together cover an area which is an administrative unit for these services, Health Area 6. During the year, 201 children attending schools in these districts were vaccinated against tuberculosis.

Tuberculosis Register, Swaffham U.D.C.

Year	<u>Respiratory T.B.</u>			<u>Non-Respiratory T.B.</u>			<u>Grand Total</u>
	Male	Female	Total	Male	Female	Total	
1961	7	0	7	0	0	0	7
1960	7	0	7	0	0	0	7
1959	7	0	7	0	0	0	7
1958	5	0	5	0	0	0	5

Smallpox

This disease was introduced in December, the source being the Karachi outbreak which started the month before. No cases or contacts reached this district. Where cases did occur, the next casualty was common sense and there were bigger queues for vaccination than for bingo. Mass vaccination is NOT necessary for the control of smallpox outbreaks such as we experience in Britain. The technique

situation is to "ring" each case i.e. trace and vaccinate all contacts of the patient, and then immediate contacts of these people. There is no need to go in ever widening circles from these to the general population. There are secondary objections to mass vaccination: massive sickness-absence from work; severe vaccination reactions may be confused with modified smallpox, the reverse being a situation fraught with danger. There is also the remote possibility of death from vaccination's complications. It is much more rational to employ trained staff on intensive contact tracing than on mass vaccination.

The outbreak brought after it open criticism of the official vaccination policy, which is to encourage the protection of all infants. The heretic view, which is mine, is that this policy is illogical. Even 100% infant vaccination, without re-vaccination throughout life at five year intervals, would not raise materially the immunity of the population as a whole. There would be on the basis of past experience some eight deaths per million vaccinated in the first year of life. The risks of vaccination are very much less after one year old; if parents wish the protection for their child, it should be done after that age. The belief that vaccination in infancy gives some measure of protection for life is not well-founded; revaccination at least every five years is necessary to keep the individual's immunity at a reliable level.

My own view is that general infant vaccination confers no real benefit on the community and that as pre-school children are highly unlikely to meet an imported case the procedure is difficult to justify. Obviously vaccination should be afforded to those at greater than average risk e.g. Port officials, sailors, doctors, nurses, ambulance attendants, and they should be re-vaccinated at five year intervals.

In Health Area 6, 408 primary vaccinations and 88 re-vaccinations were done in the year by the general medical practitioners of the area.

Poliomyelitis

There were no cases notified locally in 1961. It was a quiet year generally, 1,031 cases in England and Wales. The outbreak in Hull lasted about six weeks and accounted for 134 notifications. Poliomyelitis is usually most prevalent in late summer but the Yorkshire epidemic started in October.

Many millions of doses of both injection (Salk) and oral (Sabin) vaccine have now been used. It seems that this is one of the safest vaccinations procedures and certainly most effective. The oral vaccine has the edge in that by the introduced virus settling in the bowel wall, it blocks the entry of the "wild" disease virus; thus it gives some immediate protection in an epidemic situation. This has to be boosted by two further doses for lasting immunity (around five years). A mass trial of American oral vaccine in Czechoslovakia, 1953-1960, in which over three million children took part seems to have been very successful: no poliomyelitis cases in the Republic in 1961. In 1962 the oral vaccine will be generally available in Britain.

Poliomyelitis Vaccination - Health Area 6 - Position at
31st December, 1961.

No. of persons completed 3 dose course - 10,837

Year of Birth 1956-1961 - 1,344

Year of Birth 1943-1955 - 6,054

Year of Birth 1921-1942 - 1,059

Year of Birth 1933-1921 - 1,823
40+ but priority occupation- 60

Note: Under 40's are entitled to poliomyelitis protection.
Those over 40 at special occupational risk, for example
ambulance drivers and nurses also qualify.

Children between 5 and 12 years of age are given an
extra fourth dose. 2,731 such doses were given in 1961.

Measles.

Notifications were the highest ever recorded nationally:
762,391 cases; our contribution: 8. A vaccine is being
developed against measles. It is as yet only capable of
giving short lived immunity and has unpleasant side effects,
but in a few years these snags should be overcome. The
disease causes an immense amount of misery and discomfort,
but the antibiotics have reduced its killing power and the
complications of bronchopneumonia and middle ear disease
are less dangerous now.

Diphtheria

This disease is now rare. We had no notification
this year. The national total was 180 cases. Before
immunisation campaigns began in the 1940's, this country
averaged 55,000 cases and 3,000 deaths from diphtheria
annually. This staggering reduction is due to immunisation
of the child population. There are always a few people who
harbour the germ though apparently healthy, but always a
danger to others. In consequence, it is essential to keep
the immunity of our children high. There are signs that
here unfamiliarity is breeding contempt for the proportion
of children protected is not high enough. Among
schoolchildren in Norfolk, 36% in 1959, 43% in 1960 and
53% in 1961 were reckoned fully protected. We hope this
improvement can be maintained.

Diphtheria Immunisation - Health Area 6

<u>Year of Birth</u>	<u>Primary course completed in 1961</u>	<u>Reinforcing Doses 1961</u>
1961	138	-
1960	345	-
1959	98	11
1958	61	9
1957	35	13
1952 - 1956	266	670
1947 - 1951	211	639
Total	1,154	1,342

Whooping Cough

This disease was not very prevalent in 1961. There were 24,691 cases notified in England and Wales and none in this district. The disease is particularly severe in infants hence immunisation at 2 to 3 months old is advisable, with another shot at about 15 months to boost immunity.

Whooping Cough Immunisation - Health Area 6

<u>Year of Birth</u>	<u>Primary cases completed in 1961</u>
1961	256
1960	216
1959	46
1958	36
1957	30
1952 - 1956	22
1947 - 1951	14
	<u>620</u>

Tetanus

The tetanus bacillus produces a poison, the tiniest quantity being capable of setting the body muscles into such severe and continuing spasm that death from exhaustion is often the result. The germ is widely found in soil and manure. Hence the need for all engaged in farmwork being immunised: it is equally necessary for children.

Tetanus Immunisation - Health Area 6

<u>Age</u>	<u>Primary courses completed in 1961</u>	<u>Reinforcing Doses in 1961</u>
Under 16 years	2,353	477
Over 16 years	477	43
	<u>2,830</u>	<u>525</u>

Infectious Disease Notifications

No one would pretend that these are complete for all diseases. For such diseases as whooping cough and measles the returns are at least a sample of what is the real experience at any particular season. For such diseases as poliomyelitis where preventive measures can be brought into play, few, if any, cases go unreported.

Infectious Disease Notification, 1961

Scarlet Fever	1	Enteric fevers	0
Whooping Cough	0	Erysipelas	0
Poliomyelitis	0	Food poisoning	0
Measles	8	Tuberculosis	0
Diphtheria	0	Puerperal Pyrexia	0
Meningococcal infections	0	Ophthalmia Neonatorum	0
Acute pneumonia	0	Infective Hepatitis	0
Smallpox	0	Dysentery	1
Encephalitis	0	Anthrax	0

Housing and Welfare Responsibilities

Our Local Government structure is such that County Council and District Council are each required to carry out particular duties and the respective areas of responsibility are defined in the statutes. Thus Welfare provisions are made by County Council. Housing, however, is the concern of the District Council. Liaison between the authorities is essential as there are problems of a welfare nature which arise out of housing difficulties. An example of this is the excessive demand for welfare accommodation which exists in London in consequence of a desperate housing shortage. Here I am concerned with a smaller problem but one almost equally difficult to resolve - the bad tenant who courts eviction and Welfare attention becomes necessary.

Eviction

A Housing authority has to manage the ratepayers' property in a businesslike fashion. Rents have to be collected when due; if arrears accumulate and are not recovered, the loss has to be made good by the ratepayers. If a tenant persistently fails to meet his rent obligation the District Council's duty is quite simply to replace him by someone who will pay his way. Eviction is the ultimate deterrent to the rent-shy, and at times the weapon has to be used. When it is the housing authority may receive unfavourable publicity. This they do not merit for eviction is only reluctantly ordered after an exercise of restraint in the face of provocation no private landlord would tolerate. Before the crisis comes, the Welfare authority is warned of the need for their services. Quite exceptional measures are taken through various social workers to avoid a break-up of the family concerned. The issue is complicated by such tenants often showing other undesirable traits. Such are the "problem families".

Problem Families

Problem families are rather difficult to define. One definition is "families requiring a disproportionate amount of care, supervision and assistance from welfare services". Perhaps a description would give the reader a better idea of the nature of the problem which these people can present. The circumstances here described do not of course apply to any real particular family but the elements are taken from life.

The knowing social worker calls at the house in the afternoon as mornings find the family abed. The overgrown garden with its collection of tins and broken bottles is in keeping with the chaos to be found indoors. Loud knocking is necessary for the television set is on maximum output. The chatelaine appears, so dishevelled that one suspects that she sleeps fully clad. Curlers are standard equipment and usually do not indicate that some gala occasion is in the offing. The visitor is admitted, with no apparent embarrassment to the householder that such a scene of disorder and neglect should be presented to a stranger. Wallpaper and paint are peeled off, plaster is broken, woodwork chipped and the windows cracked. The curtains although up for years are still held by drawing pins. The general impression is that this is not a home but merely

a shelter taken over by rather scruffy campers. It is as well not to sit down for over the years the chairs have acquired a patina of mingled grease and dirt. Throughout the house there is an interesting odour compounded of these two elements with decomposing sweat and urine. The table bears the remnants of many scratch meals. The kitchen sports only a few pots and pans which are dirty or rusty, or both. In the larder are bread and jam and precious little else. Upstairs the beds are left unmade all day and often the children's mattresses not dried out after being soaked. Throughout the inspection mother and youngest child are locked in an embrace. Alas the foul napkins and lack of food in the house suggest that this mother-love is a poor thing which does not show itself in any practical expression requiring effort. The husband, if such there be, is usually equally feckless and inadequate for all purposes other than procreation. He is above all careful not to make a habit of working for a living.

What is done by welfare to reclaim such families? Home helps assist in cleaning up the mess. Some are also able to teach simple cookery and attempt to create in the house a more orderly way of living. If there is some response to this training, it can be followed by the mother and children spending a few weeks at a residential centre where housecraft is taught. I have known this effect great improvement but only when the husband was made of better stuff than his wife and could help to ensure that standards were kept up on her return home.

Arrangements can be made for rent to come direct from the National Assistance Board or through the Welfare Officer. Some of the remaining relief may be paid in kind to curb foolish spending. The man of the house can sometimes be shamed into regular work. Bedding and children's clothes come from such agencies as the children's department and W.V.S. All too often these efforts produce only temporary improvement and even this slight. Eviction follows and the family if unable to find a suitably weak-minded landlord have to be sheltered in welfare homes.

The reader may wonder at the expenditure of such time and trouble if the prospects of remedying the fault are so poor. Quite simply the reason is - for the children's sake. Even in the worst home a child derives security from his emotional attachment to his mother. This is still true no matter how slatternly and inept she may be. To deprive a child of maternal affection is therefore a grave matter. This is why social workers are prepared to spend endless hours cajoling apparently worthless parents to make some sort of a home for the children. The community loses nothing by the delay which these efforts at rehabilitation cause. The ratepayer/taxpayer is here in a position where he can't win. He has to maintain people like these in one way or another. This being so, it might be reasonable to expect the County Council to underwrite rent loss and excessive repair bills where but for these the District Council might be willing to postpone eviction. After all, the housing authority thereby removes an expensive call on welfare accommodation.

Housing Act, 1961

The Housing Act, 1961, deals mainly with financial matters such as conditions and levels of subsidy from the Exchequer, and makes minor alterations to previous Housing Acts. Some measure of control is now given over houses let

off in lodgings or shared by several families. The housing authority can now require a reasonable standard of management and of basic amenities and enforce these.

Appendix A - Health and Welfare Services provided by Norfolk County Council

These include the care of mothers and young children; supervision of the health of the schoolchild; immunisation against diphtheria, poliomyelitis etc.; home nursing and midwifery; home help service; advice on the care of those handicapped physically or mentally. Information of such services may be obtained from the Local Health Office, Tanner Street, Thetford, Telephone 3286 and 3341.

Appendix B - Derivation of Statistical Rates

Adjusted Birth Rate: (Live Births per 1000 population) x comparability factor for births.
Adjusted Death Rate: (Deaths per 1000 population) x comparability factor for deaths
Comparability Factors: Allow for variation between areas e.g. in the proportion of women of reproductive age and in the age/sex structure of population.
Infant Mortality Rate: Deaths at under 1 year per 1000 live births.
Legitimate I.M.R.: Deaths of legitimate infants per 1000 legitimate live births.
Illegitimate I.M.R.: Deaths of illegitimate infants per 1000 illegitimate live births
Maternal Mortality Rate: Deaths attributable to pregnancy per 1000 total births
Stillbirth Rate: Stillbirths per 1000 total births.
Perinatal Mortality Rate: (Stillbirths and Early Neonatal Deaths) per 1000 total births.
Neonatal Mortality Rate: Deaths at under 4 weeks per 1000 live births.
Early Neonatal Mortality Rate: Deaths at under 1 week per 1000 live births.

Appendix C - Comparison with Previous Years

	1961	1960	1959	1958	1957	1956
Estimated Population	3170	3190	3150	3100	3100	3070
Total Births	50	49	55	61	55	58
Total Deaths	38	27	35	46	42	47
Birth Rate (crude) ..	15.8	15.3	17.2	19.7	17.7	18.9
Death Rate (crude) ..	12.0	8.4	10.9	14.3	13.5	15.3
Stillbirths	Nil	2	Nil	Nil	Nil	Nil
Infant Deaths	Nil	Nil	Nil	Nil	Nil	2
Infant Mortality Rate	Nil	Nil	Nil	Nil	Nil	34.5

SWAFFHAM URBAN DISTRICT COUNCIL.

PUBLIC HEALTH INSPECTOR'S REPORT FOR YEAR, 1961.

HOUSING AND SLUM CLEARANCE

During 1961 the Council built 22 two-bedroom bungalows at Coronation Grove and 4 single bedroom bungalows at Pleasant Row on the site of one of the original Clearance Areas. The overall picture is completed and kept in balance by the figures for the clearance of further sub-standard property, namely 14 houses demolished and 11 houses closed by individual orders. There seems little doubt that the Council will be faced for many years to come with the problem of building sufficient new houses to replace the steadily declining number of sub-standard dwellings, although the urgency of the situation becomes less acute with each passing year.

The Pleasant Row scheme was intended by the Council to take some of the older, but still vigorously independent, tenants from the primitive standards of housing which they had suffered all too long, and to give them a new lease of interesting life in bright surroundings. That they have appreciated this policy has been made abundantly clear during the past year and it is hoped that the Council will pursue the idea and ensure the well-being of this most deserving age group.

For the younger but equally self-reliant citizen, the Council has encouraged its officers to assist in every way those who wish to build a home for themselves or improve what they already have. Financial assistance and advice have both been readily available, and this has in large measure helped to swell the number of privately built houses to a total of 30 during the year. Improvement grants have been made wherever the proposals could be brought within the scope of the Housing Act.

PUBLIC CLEANSING

The Council has maintained a weekly collection of refuse with very little cause for complaint on any aspect of the service. New building, and a growing awareness of the squalid standard which can accept pail closets as part of the sanitation system, have helped to accelerate the process of elimination of these relics of the past.

SEWERAGE AND SEWAGE DISPOSAL.

The Council's consulting engineers have almost completed their scheme for a new sewage disposal works but a final decision has not yet been made as to the ultimate method of disposal.

This is a very difficult problem, and one almost peculiar to Swaffham since the town is situated so far from the merest apology for a river course. The cost of piping (and possibly pumping) an effluent to the nearest river would be disproportionately high, and yet it would seem paradoxical to perpetuate the old method of disposal of sewage effluent, however treated, over land. The public who will pay for this scheme will naturally assume that a new works will remove an old eye-sore. This is one instance where the best of Committees will look in vain for a compromise, but it is to be hoped that the scheme will be hurried forward with all speed for as has been said in so many of these annual reports, the margin of safety at the present works is dangerously slight.

PUBLIC HEALTH INSPECTOR'S REPORT FOR YEAR, 1961..

SEWERAGE AND SEWAGE DISPOSAL (contd)

Flooding of the trunk sewer referred to previously has been repeated, but not at such frequent intervals, due to the work of clearance which was carried out during the year. This flooding is largely due to the fact that it is a combined sewer taking storm water from several new roads and many additional houses, but another contributory factor is the intrusion of tree roots through faulty joints in this sewer where it passes through the public footpath. Irrespective of any proposal within the new scheme to enlarge the outfall sewer from the junction point at Dulgate Lane, there is no doubt that a section of this old 12" sewer must be relaid in the near future.

WATER SUPPLY

A new submersible pump was installed in place of the old reciprocating pump which was powered by a Diesel engine. The works are now exclusively dependent on the Public electricity supply and this is a cause of some anxiety in view of the very limited storage capacity - less than 2 hours normal demand. the Ministry's views on the question of the provision of stand-by generating equipment is conditioned by the protracted discussions on the re-grouping of water undertakings, although an immediate agreement on the broader plan could hardly take care of this local situation.

Chemical and bacteriological tests were made at intervals throughout the year and the reports were consistently good. The only characteristic which could with advantage be changed is the rather excessive hardness of the water. Treatment for this at the source would be of incalculable benefit to all consumers except those interested in the sale of soaps and detergents.

FOOD INSPECTION

The local catering trade has maintained a good standard of service and hygiene and improvements were agreed in two cases without any difficulty or disagreement.

Market traders are equally co-operative and only occasionally is an excuse presented for a furtherance of the non-smoking campaign.

MEAT INSPECTION

Although the number of slaughterhouses was reduced from three to one during the year, the throughput shewed a steady increase. Whilst paying tribute to the excellent relationship between this office and the owners of the slaughterhouse, it must be borne in mind by the Council that the number of animals passing through these premises has increased from 6,518 in 1955 to nearly 30,000 in 1961. It follows that this increase in activity means relative rises in the number of vehicles using the single entrance, both for the purpose of bringing in cattle and for removing refuse, greater use of the lairages and so on. We are constantly engaged in our endeavours to limit the nuisance arising from such an industry situated as it is in the centre of the town and complaints from time to time are inevitable.

A more satisfactory story is the rapid decline of bovine tuberculosis which is clearly reflected in the table of statistics. It is now almost a rarity to find cases of this disease, and in such instances the liaison and follow up with the Ministry of Agriculture officials is most helpful and useful. Fourteen cases of cysticercus bovis were discovered - a disease not nearly so fearsome as the name would imply and for which cold store treatment is literally available "over the road".

PUBLIC HEALTH INSPECTOR'S REPORT FOR YEAR, 1961.

RODENT CONTROL.

There is nothing special to report or record on this subject which is now one of routine treatment.

JOHN MILES.

PUBLIC HEALTH INSPECTOR.

PUBLIC HEALTH INSPECTOR'S REPORT FOR YEAR, 1961

PUBLIC HEALTH INSPECTION OF AREA

Item	Description	Inspections	Notices Served	Nuisances abated
1.	Factories and Workshops	9	-	-
2.	Bakehouses, Foodshops, Markets, and Abbatoir	342	-	-
3.	Housing Defects (Housing Act, 1936)	35	11	11
4.	Middens, Ashpits and Bins (Public Health Act, 1936)	14	2	2
5.	Infectious diseases	-	-	-
6.	Dangerous buildings	2	1	1
7.	Rodent Control (Pests Act, 1949)	7	-	-
8.	Fents, Vans, Sheds etc.	8	-	-
9.	Water Supply	6	-	-
10.	Drains, Cesspools, Vaults, Pail and Water Closets and Drainage of Premises.	69	-	-
	TOTAL:	492	14	14

NOTE:

Council house inspections are not included in this table, and though meat inspections call for two or three visits per day to the same slaughterhouse, this is recorded as a single inspection in the summary.

PUBLIC HEALTH INSPECTOR'S REPORT FOR YEAR, 1961

Carcases Inspected and Condemned

Item	Description	Cattle	Calves	Sheep and Lambs	Pigs	Total
1.	Number killed and inspected	6,334	7	11,113	12,472	29,931
	<u>All diseases except Tuberculosis</u>					
2.	Whole carcasses condemned	-	-	-	4	4
3.	Carcasses of which some part or organ was condemned	1,809	-	628	1,407	3,834
4.	Percentage of the number inspected affected with a disease other than Tuberculosis ignoring broken legs or tissues defective from fighting, fences, etc.	29	-	6	11	13
	<u>Tuberculosis Only</u>					
5.	Whole carcasses condemned	-	-	-	1	1
6.	Carcasses of which some part or organ was condemned (taking into account that the offal, head and tongue etc. may be parts of one animal).	52	-	-	52	104
7.	Percentage of the number inspected affected with Tuberculosis	0.8%	-	-	0.4%	0.4%
8.	Average number of animals slaughtered per week.	122	-	214	240	576
9.	Percentage examined by the Meat Inspector	100	100	100	100	100

